



The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXII

SEPTEMBER, 1966

NO. 7



**OPERATION
HAMPDEN ALERT
1966**

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS. 01109

Telephone: 736-0661

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."

Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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E D I T O R I A L

"THE SLEEPER OF THE CENTURY"

"Now that everybody has gotten used to the word Medicare, it appears that the word we are going to be hearing a lot more about is something called Medicaid — also known as Title XIX. This provision may turn out to be the medical and fiscal sleeper of the century."

LIFE Magazine (Editorial)

When in the summer of 1965 Congress approved a series of amendments to the Social Security Act, the one that received most attention was *Medicare*, better known as Title XVIII, or Health Insurance for the Aged. This was natural. *Medicare*, under a variety of names, had been debated for more than twenty years. Its enactment was, therefore, just cause for jubilation among its supporters and consternation among those who saw in it an ominous political "foot-in-the-door" to socialized medicine.

But the *Medicare* tumult drowned out earlier warnings that one other amendment to the Social Security Act might turn out to have even greater impact and significance. What is this other amendment? Briefly, it is Title XIX,

NEXT DISTRICT MEETING, SEPTEMBER 27 (See Page 13)

or *Grants to States for Medical Assistance Programs*.

Dubbed recently *Medicaid*, this term promises to remain with us for many years to come.

TITLES XVIII AND XIX COMPARED

Great care must be taken not to confuse *Medicare* (Title XVIII) with *Medicaid* (Title XIX). The only things they have in common is that both are items of health legislation and both are amendments to the same Public Law 89-97. Beyond this, they bear no resemblance to one another whatever. *Medicare*, to most of us, is by now more or less "old hat". Effective since July 1, 1966, it expands the thirty-year-old Social Security Insurance Program to provide hospital care, nursing home care, home health-care visits, and outpatient diagnostic services to those, over the age of 65.

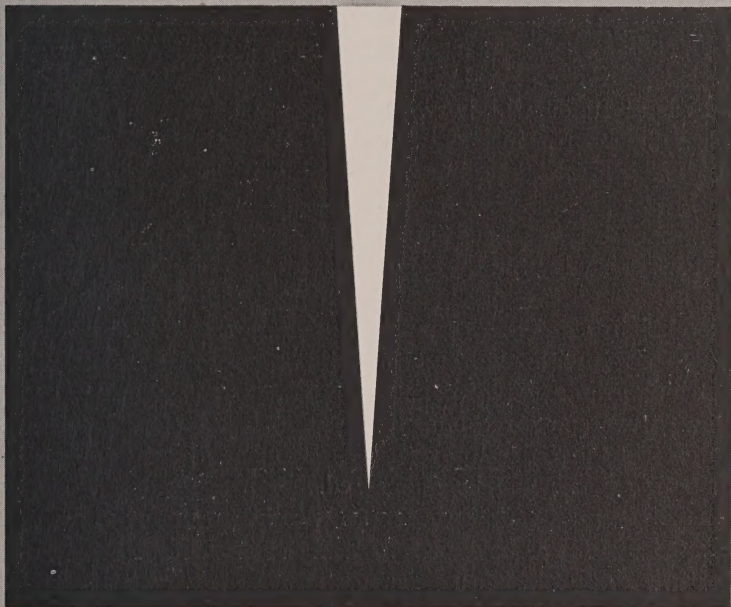
Medicaid, however, is something entirely different. It has nothing whatever to do with the Social Security System. It is financed from general tax funds. Essentially, it is a vastly liberalized version of the Kerr-Mills Law. Through a system of matching state and federal grants, the new version not only provides many of the same benefits that *Medicare* does but considerably more. The real difference between the two, however, is that *Medicare* benefits the elderly while *Medicaid* benefits people of all ages.

MEDICAID ELIGIBILITY

The eligibility of an individual for *Medicaid* will vary from state to state, depending on the generosity of its state legislature. In Minnesota, a family of four cannot qualify for *Medicaid* if it has an annual income of more than \$2,800; in Illinois, it is \$3,600; Pennsylvania, \$4,000; in California, \$4,200. The most generous program of all is the one offered by New York where, fantastic as it may sound, a family of four can earn up to \$6,000 a year after taxes and still be eligible for *Medicaid*. If the Department of Health, Education and Welfare approves the bill as signed by Governor Rockefeller on April 30, 1966, a thirty-five year old New Yorker with a wife and two children, a \$115-a-week take home check, and \$3,000 in the bank may no longer have to pay his hospital, doctor, and drug bills. The law could cost half a billion dollars the first year and could provide *Medicaid* for eight million New Yorkers of all ages. It is gratifying that in our own state of Mass., as shown later, the tentative levels of *Medicaid* eligibility are much more realistic and much more in keeping with the intent and purposes of the law.

It is estimated that by the end of this year some thirty states, including Mass., will have Title XIX in operation and that before long all the states will have applied for *Medicaid* program approval. The total number of beneficiaries of these programs is estimated at 35 million as compared with

(More on page 4)



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19 million under *Medicare*. By July 1, 1967, every state program operating under *Medicaid* must provide five basic minimum services: in and out-patient hospital care, laboratory and x-ray services, skilled nursing home care, and physicians' services. By January, 1970, all Federal funds will be withdrawn unless the plan is in operation. By July 1, 1975, all "medical indigents" must be included, and every state must offer "comprehensive care and services" — not yet spelled out in the regulations.

The federal share of the cost ranges from 50% to 83% with the highest federal matching grants going to states with the lowest average per capita income. The cost to the federal government, it is now agreed, will be much higher than the drafters of Title XIX ever anticipated. Estimates have placed the first year's cost at \$238 million. Already, enough state plans have been approved to show that the cost of the first year will be three or four times that amount. When all states are in, the total will be somewhere in the billions of dollars. The potential impact of *Medicaid* on federal medical costs and on existing health facilities is such that efforts are already under way in Congress to modify Title XIX's provisions.

MEDICAID and The Bay State

What about *Medicaid* in Mass.? The most illuminating answer to this question is to be found in the comprehensive

report of the special Committee on Title XIX of the Mass. Medical Society of which Dr. Claude E. Welch is chairman (MMS Newsletter, July, 1966). We learn here, among other things, that, in Mass., the Department of Public Welfare has been designated by the Governor as the agency which will administer Title XIX. Close association with the Department of Public Health, which must certify all facilities used, and with the health professions is required by the Executive Order. At the time of this writing Commissioner Ott has prepared a tentative plan. As soon as it is accepted by H.E.W., it will be expanded into a final detailed plan which will become effective as soon as approval is received.

We learn from the report also that the State Welfare Department has tentatively set the level of medical indigency at a monthly income of \$225.00 for a family of two and \$413.00 for a family of six. "In addition, the allowance for personal assets will be \$2,000 for one person, \$3,000 for two and \$100 additional for each eligible member of the family."

Most significant are the concepts that the Mass. Medical Society believes are of major importance. At this moment these considerations may be listed as:

"1—It is essential that there should be a free choice by the patient of his

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doctor. Theoretically then, free choice of physician should lead to the choice of hospital that the doctor elects. This principle has been supported by the Commissioner in his recent decision to abolish the 15- and 25-mile rule."

"2—The payments for welfare patients in Title XIX should be exactly the same as those provided by Title XVIII. In the past it has been the custom of nearly all welfare departments to pay hospitals far less than cost, and the doctors less than their reasonable charges. This has made an unhappy situation that almost certainly will be righted in the future."

"It would seem logical that the same agencies that administer Title XVIII should administer Title XIX. While the State theoretically could set up its own agency, the question might be raised as to why it should. If the argument is on the basis of

economy, it should be noted that Blue Cross-Blue Shield (which administers Title XVIII in Massachusetts) are run at cost. If a State agency were to be any more economical, it could only do so by restricting payments to hospitals or doctors. From the point of view of the patient, it seems clear that unless payments to the hospitals and to the members of the health professions are equivalent under Title XVIII and XIX, that the allocation of poorer facilities for welfare patients is likely to continue."

"3—Administration of the Welfare Department of this State should be reorganized entirely so that the State assumes the administrative functions now delegated to the cities and towns. This change which will require legislation, is in the process of development."

(More on Page 6)



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"4—There should be a realistic level established for medical indigency. This last point is extremely important. It is obvious that in this one provision of the Title the future of American medicine is concentrated. If, by a stroke of the pen, everyone were to be declared medically indigent in this country, complete socialization of medicine would occur."

Finally, the "Grass Roots"

As a district society our course of action seems quite clear and simple. Keeping informed, needless to say is fundamental, although this is easier said than done. It is hard to recall a legal document as complex and as difficult of interpretation as is Title XIX. It is highly probable that one of the reasons the "*Medicaid* sleeper" passed through Congress as swiftly as it did is because many of our legislators were baffled by it no less than the rest of us. Nevertheless and fortunately, the air has been cleared a great deal of late by extensive literature readily available to every member of our profession.

Next, we must assist our State Society in every way possible in monitoring as carefully as we can the implementation of Title XIX programs in

our midst. Eternal vigilance at the state level is the only way we can avoid patterns which might subvert the intent and purposes of Title XIX. This intent, to emphasize, was to assist in financing the medical care of those and only those, who cannot meet the cost from their own resources. The situation was best summed up by the outgoing President of the Mass. Medical Society, Dr. Claude E. Welch, when in his report on the state of the Society, he stated:

"The development of welfare programs under Title XIX will require the constant attention of the medical profession if the avowed content of the law — to make medical care as available and as good for the poor as for the rich — is to be attained without the conversion of our country into a true welfare state."

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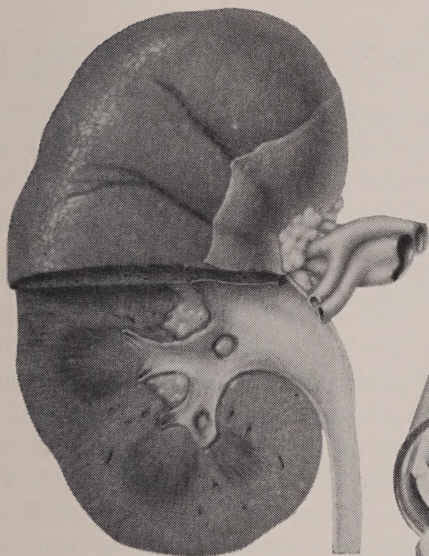
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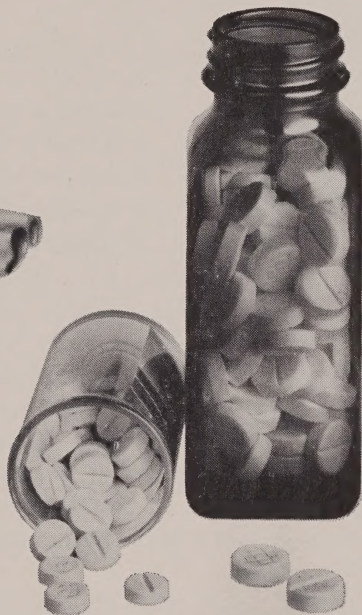
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precedes development

The development of chlorothiazide and probenecid were events of major importance, but perhaps even more important for the future was the Renal Research Program by which they were developed. When Merck Sharp & Dohme organized this program in 1943, it was expressing in action some of its basic beliefs about research:

- Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.
- From knowledge thus acquired might come clues to the development of new therapeutic agents of significant value to the physician.

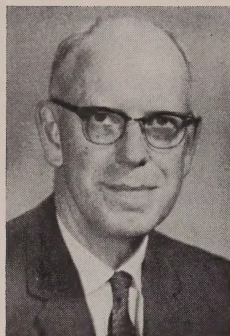
For example, the Renal Research Program put fifteen years into this search before chlorothiazide became available. But because these years had first led to a greater understanding of basic problems, the desired criteria for chlorothiazide existed before the drug was developed.

Along with other research teams at Merck Sharp & Dohme, the Renal Research Program continues to add new understanding of basic problems—understanding which will lead to important new therapeutic agents.

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where today's theory is tomorrow's therapy

President's Page



PAST IS PROLOGUE

The summer vacation season is now over and back to work is the order of the day. Since our last publication, Medicare has become fact, and all of us have had ample opportunity to become confused regarding the mechanics of its implementation.

As you are aware, P.L. 89 - 97 offers two methods of collection; namely, direct billing and assignment. At the Chicago meeting of the A.M.A. in June, your House of Delegates favored strongly the use of direct billing. The method to be used, however, is up to the individual physician, and he may choose either way according to the situation in individual cases or according to his own convictions. In private practice of medicine, this should present no problem, but in the case of hospital-based specialists, particularly radiologists and pathologists, the situation is more complex.

Further actions of the A.M.A. House of Delegates were, in part, as follows:

- (1) Voted a raise in dues from \$45 to \$70 per year by a vote of 168 to 46;
- (2) Established a Committee on Health Manpower;
- (3) Endorsed the A.M.A. Volunteer Physicians for Vietnam program;
- (4) Asked the Council on Constitution and By-laws to prepare a method of having the Judicial Council receive and act upon appeals regarding discrimination;
- (5) Approved the principle that dispensing of drugs and appliances must be in the best interest of the patient and not solely for convenience or financial gain;
- (6) Resolved that the A.M.A. take whatever steps necessary at the national level to assist state medical associations in securing the adoption by state agencies of procedures in

connection with the Civil Rights Acts of 1964 which do not require a participating physician to sign any statement of agreement or compliance.

These and many other problems of equal importance were considered at length. For complete coverage, I refer you to the various issues of the "A.M.A. News."

Donald R. Hayes

COMING EVENTS

HDMS FALL MEETING, SEPTEMBER 27 (See Page 13)

HDMS EXECUTIVE COMMITTEE MEETINGS,

SEPTEMBER 20 and OCTOBER 18

SPRINGFIELD ACADEMY OF MEDICINE, OCTOBER 11

MMS COUNCIL MEETING, BOSTON, MASS., OCTOBER 12

AMERICAN ACADEMY OF GENERAL PRACTICE, BOSTON, MASS.,

OCTOBER 7 - 14

AMERICAN COLLEGE OF SURGEONS, SAN FRANCISCO, CALIF.,

OCTOBER 10 - 14

AMERICAN HEART ASSOCIATION, NEW YORK, N.Y., OCTOBER 21 - 25

DIABETES DETECTION WEEK, NOVEMBER 13 - 19

AMA CLINICAL MEETING, LAS VEGAS, NEV., NOVEMBER 27 - 30

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EXECUTIVE COMMITTEE (HIGHLIGHTS)

The Executive Committee met on June 21, 1966, at the Society's offices. Present were Drs. Hayes, Baker, Moore, Weidman, Adham, Mozden, O'Malley, Beauchamp, Jr., and Mrs. Purdy.

In the absence of Dr. Griffin, who was ill, and Dr. Stoler, who was away, Dr. Hayes asked Mrs. Purdy to act as secretary for the meeting. The meeting was called to order at 8:10 P.M. The minutes of the May meeting were read and approved as read.

An informational letter from Mr. Chester N. Gibbs of the Human Relations Commission was read.

A report from the Mental Health Committee was read with a resolution which will be sent to Dr. Buck, Secretary of the Massachusetts Medical Society. Also a letter composed by the Mental Health Committee will be sent to Dr. Solomon concerning boundaries of the proposed mental health centers.

The Public Health Committee presented to the Executive Committee for approval or disapproval the "Demonstration Project for Accidental Fall Injury Prevention". The Executive Committee did not approve the development of the program as outlined but wished to encourage the Public Health Committee and the Public Relations Committee to cooperate with the Com-

missioner of Public Health of Springfield in educating the public on accident prevention.

Dr. Hayes presented the names of those appointed by him to assist in the implementation of the Community Health Study under Mr. Benjamin Jones (see "Hampden Capsules", page 14).

The Committee approved of HDMS paying for half of the addressograph plates for the "Hampden Hippocrat", which is now being mailed out from the Society's offices.

Dr. Bloom and Mrs. Purdy were granted permission to attend the Public Relations Institute in Chicago in August.

A proposal to change the time of the Executive Committee meeting to 5 p.m. was discussed. This was tabled until the September meeting when more members would be present.

The meeting was adjourned at 9:12 P.M.

The Grievance Committee met and heard two cases. Letters will be sent to all involved.

The meeting was adjourned at 10:00 P.M.

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NEXT MEETING OF THE HAMPDEN DISTRICT MEDICAL SOCIETY

TIME:

TUESDAY, SEPT. 27, 1966

Business Meeting at 6:30 P.M. followed by
Social Hour at 7:00 P.M. and
Dinner at 7:30 P.M.

PLACE:

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PROGRAM:

COMMITTEE REPORTS from Chairmen
"ACTIVITIES, PAST AND PROPOSED".

YOUR PRESENCE IS URGENTLY REQUESTED.

JOHN F. GRIFFIN, Secretary

HAMPDEN CAPSULES

Appointed to Advisory Committee
of the Springfield Health Study:

Malcolm Allan, Chairman

Richard J. Maher

James D. Fisher

John C. Ayres

Frank G. Mills

James W. S. Hartshorn

— — —
The revised "Relative Value Study" report is now available at the HDMS offices. Copies will be available for purchase at the Fall Meeting, Sept. 27th. Price of same is \$2.50 per copy.

— — —
Dr. LaBrecque off to California for further studies.

— — —
Dr. John Sandt off to University of Rochester School of Medicine to teach and engage in private practice of psychiatry.

— — —
Dr. Nathan W. Coleman transferred from Hampden to Norfolk District.

— — —
Dr. Ambrose J. Connelly has been appointed Chief of the Out-Patient Service at the V.A. Hospital in Northampton.

— — —
Dr. Lowell Bellin resigned as Commissioner of Public Health of Springfield to become Associate Medical Director of the Health Insurance Plan of New York.

Dr. William Kaufman resigned as chief of the Dept. of Pathology at the Springfield Hospital to take a position with the New York State Dept. of Health. He was succeeded by Dr. John P. Sullivan, a member of the staff of the Pathology Dept. for many years.

— — —
Radio WACE still is looking for physicians to be on "FOR YOUR INFORMATION" - Fridays from 1 - 2 P.M. The summer has been rather quiet. Please, contact Mrs. Purdy if you wish to be on radio.

Also station WDEW, Westfield is looking for physicians on the same type of program. Contact Mrs. Purdy for more information.

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BY-LAWS COMMITTEE

The Committee on By-Laws recommends the adoption of the several amendments published below.

Italicized words, phrases or sentences indicate proposed changes.

Chapter V., Section 1(f) and 3, and

Chapter VII, Section 6(b)

The purpose of the first three amendments is to change the name of the Committee on State Legislation to the *COMMITTEE ON NATIONAL AND STATE LEGISLATION*, in conformity with amendments recently adopted by The Massachusetts Medical Society.

The revised sections or subsections will read:

Chapter V, Section 1 (f)

To the committees of the Massachusetts Medical Society: a member of the Committee on Public Relations; a member of the Committee on *National and* State Legislation; a member and alternate member of the Committee on Nomination and a member of the Committee on Tax-Supported Medical Care.

Chapter V, Section 3

Only Councilors shall be eligible as Supervising Censors and as members of the State Committees on Public Relations and on *National and* State Legislation.

Chapter VII, Section 6 (b)

It shall consider all legislative matters referred to it by the District Society or by the Committee on *National and* State Legislation of the Massachusetts Medical Society and shall be auxiliary to and under the direction of that committee.

The adoption of the above amendments is mandatory.

Chapter VI, Section 1 (Duties of the president)

The purpose of this amendment is to provide a mechanism for establishing special committees when the need arises, by adding a new paragraph following existing paragraph 3.

If adopted the new paragraph will read:

He shall appoint special committees authorized by the SOCIETY OR ITS EXECUTIVE COMMITTEE. He may at any time appoint committees for special purposes to serve during his term of office.

Max Millman, M.D., Chairman

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OPERATION HAMPDEN ALERT - 1966

by

WALTER S. MOZDEN, M.D.

Chairman, H.D.M.S. DISASTER MEDICAL CARE COMMITTEE

The need for disaster preparedness, particularly in urban areas, has been well established by reports of experience emanating from true disasters occurring in unprepared communities. Industrial explosions, airplane crashes in urban areas, tornadoes, hurricanes, earthquakes, and floods are but a few examples of disasters that may strike any community at any time. Federal, state, and local governmental agencies and most certainly members of the medical and hospital professions are well aware of the chaos and confusion that can be expected in time of a severe disaster which results in the creation of many casualties. Just as easily understood and proven by past examples is the value of preparedness by communities and by hospitals for such possible disasters. One of the most serious tragedies that can and does arise at times of severe disasters is the channeling of almost all casualties into only one or two hospitals thereby straining to the utmost their resources; whereas, other hospitals in the immediate vicinity are not called upon to share in this tremendous burden.

Preliminary Planning

In October of 1965 the Hampden District Medical Society was approached by Mr. William Linehan, the Sector 4A Civil Defense Director, regarding the possibility of conducting a joint disaster project which would entail a simulated disaster resulting in several hundred casualties and which would

utilize the services of many agencies: Civil Defense agencies, both state and local; the police departments of Springfield, Holyoke, West Springfield, Westfield, Chicopee, Ludlow, Palmer, Ware, and Westover; the local Red Cross agency; and all of the twelve hospitals in the Hampden County area. The Hampden District Medical Society would be responsible for the management of all medical aspects of this drill, both at the hospital level and in regard to the handling of the casualties at the simulated disaster site.

After many preliminary meetings with the hospital administrators and their respective committees to obtain the approximate number of casualties which each hospital felt it could best handle and which could best test its disaster program, it was decided to prepare for approximately 400 to 450 casualties. The vast majority of these simulated casualties were to be juniors and seniors from three major high schools in the Springfield area. Some adult volunteers from the Woman's Auxiliary also assisted in the project as vehicle drivers using their own station wagons and as simulated casualties. All general hospitals in the Hampden District cooperated most enthusiastically in this project.

Objectives

The main objective of the drill was to test hospital disaster programs in a coordinated fashion with a disaster

(More on page 18)

of sufficient volume and degree so that the services of most or all of the local hospitals would be required. Other objectives, of course, included the uncovering of communication and transportation problems that could arise with the integration of Civil Defense, Red Cross, and Police Recovery Plans. It was also intended to instill in the public mind the awareness that such disasters in a community are always possible. It was also believed that such a drill might lead to an overall increase in the community's preparedness for just such an actual eventuality.

Site and Nature of Disaster

The Springfield Shopping Plaza on Liberty Street in Springfield was finally chosen as the site of this simulated disaster. The local merchants at the Shopping Plaza proved to be most cooperative. A large open area in the parking lot of this Shopping Plaza provided a good opportunity for preparing a large number of casualties and for allowing a large number of vehicles to maneuver about in the process of picking up and transporting casualties. It also proved adequate for the press, radio, and televi-

sion coverage that was anticipated.

No specific cause was given as having caused this mock disaster; however, it was obvious that one of several possible natural disasters such as a tornado, an industrial explosion, or a plane crash in the area could have produced the same results. The local police department was responsible for local traffic control, and various community police departments were responsible for the safe passage of the transporting vehicles through their communities en route to their designated hospitals. Approximately 60 vehicles consisting of private ambulances, Red Cross ambulances and vehicles, U.S. Post Office trucks and wagons, Police Department cruisers, and Civil Defense wagons were utilized in the transporting of the casualties to the hospitals.

Communications

The main communication center was the new Civil Defense Mobile Communication Center. This Communication Center, recently purchased by the Massachusetts Civil Defense Agency and estimated to have cost approxi-

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mately \$85,000, is usually stationed in Framingham but is available to the entire state for situations such as were portrayed by this drill. This communication center has direct telephone control to all areas and also has a backup communication system utilizing radios which can be used locally and at a greater distance. The police radio network was also utilized, and one or two of the local hospitals had an opportunity to test the efficiency of their own volunteer Mobile Radio Units.

The Disaster Scene

Scenario

“ . . . and in a few moments the Plaza was transformed into a mass of rubble with countless dead and injured. At 12:22 P.M., police and fire emergency vehicles from Springfield and surrounding communities converged upon the scene. Medical teams from nearby hospitals and the American Red Cross arrived at 12:30 P.M. The

injured were given first-aid and rescue operations began immediately. Traffic control points were established and only emergency vehicles were permitted to enter the area. Ambulances and all types of vehicles began removing the victims to nearby hospitals at 1:00 P.M.”

The above scenario paragraph describes rather graphically the situation that was portrayed at the disaster scene. This disaster was called for April 20, 1966, and was begun shortly after 12:00 noon on this date. At the simulated moment of disaster, a telephone call was made from the communications center to all hospitals and to the police department notifying them of the beginning of the simulated disaster. On receipt of this telephone call, the hospitals initiated their own disaster programs and made preparations for the expected arrival of many

(More on page 20)

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casualties.

Approximately 60 vehicles were used in this drill. Most of these vehicles made at least 2 trips to various hospitals, and some of the vehicles made as many as 3 or even 4 trips.

Disaster mobile teams consisting of nurses and doctors from each of the hospitals initiated their phase of this drill by preparing for transportation, tagging, and applying minimal first-aid to the casualties. A total of 420 casualties were prepared and subsequently cleared for transportation to the hospitals. The effectiveness of prepared medical mobile teams was well demonstrated during this drill. Each of these hospital mobile teams consisted of at least one doctor and two nurses. The Army Reserve Unit was also present as were a group of local public health nurses. Space does not allow for listing all of the doctors and nurses that participated in this portion of the drill, but their presence and services demonstrated eminently the effectiveness of their training and experience.

To add realism to the drill, approximately 90 plastic moulages representing various types of injuries were utilized. Likewise, 50 canvas moulages belonging to the Springfield Hospital were draped over stretcher patients. Approximately 270 other casualties were labeled with tags which were

used for some stretcher cases and all of the ambulatory cases. The types of injuries selected were thought to be fairly well representative of what one might encounter in most any type of severe, natural catastrophe. The moulages included various types of fractures, severe lacerations, burns, abdominal and chest injuries, shock, etc. In addition to these, the tags labeled some stretcher cases as having incurred major lacerations of the extremities, fractures of the back, unconscious states, skull fractures, and D.O.A. cases plus severe burns and some eye injury cases. The ambulatory patients included minor lacerations of the face, body and extremities, minor burns, abrasions and contusions, Colle's fractures, bleeding from the ears, various sprains and dislocations, hysteria, and abdominal injuries in the presence of pregnancy.

All 420 of these casualties were cleared from the disaster scene in a little over one hour's time which, of course, in a true state could not be expected to be duplicated but for the purpose of this drill was a very satisfying accomplishment.

(More on page 22)

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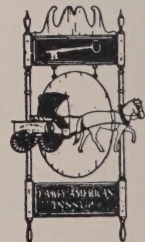
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Conclusions

1. Each hospital has held its critique session and a recent final critique session was held at the Springfield Municipal Hospital which was attended by hospital representatives and by the District Medical Society's Committee. It can be concluded now that "Operation Hampden Alert-1966" held on April 20 was a complete success. Certainly the general objectives aimed at were well met. All of the hospitals that took part in the drill were of the opinion that this drill was very worthwhile and helped in a realistic way with their own disaster planning programs.

2. Further clarification regarding the availability of medical supplies and drugs should be carried out. Some mutual arrangements might be made with the local drug houses in this regard.

3. It was recognized during the course of this drill that an adequate supply of whole blood would be a critical need in time of true disaster. It has been recommended that some formula might possibly be worked out between the hospitals and the local Red Cross Agency to create a central site for the obtainment of blood from donors. From this site blood could then be channelled to the various hospitals having need for blood. Perhaps, one of the hospitals in this area could be designated as this sub-station for

the Red Cross local program.

4. The use of Mobile Medical Teams consisting of doctors and nurses from the local hospitals has manifested the value of creating such as a permanent measure in our community planning for real disasters. The names of the members for these mobile teams could, perhaps, be kept in the District Medical Society's offices, the Police Dept., and the Central Civil Defense Agency's offices. It has been recognized that the one weakness in regard to proper utilization of these medical teams is the lack of medical supplies. Here again, perhaps, a mutual program can be worked out between the Medical Society and the local Red Cross who do have mobile vehicles which are at least partially supplied with supplies and splints.

5. The Civil Defense Communication Center worked well for the purpose of this drill. However, it is obvious that in case of true disaster the time factor would be important and communications from the disaster site to the various hospitals, for example, would have to emanate from some other source. It appears that this should be more carefully worked out with the Police Department's radio system since police vehicles would probably be the first vehicles arriving at the site of the disaster.

#



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SPEAKER: LESTON L. HAVENS, M.D.
Department of Psychiatry
Harvard Medical School

TOPIC: "THE ANATOMY OF THE PSYCHOPATH"

PLACE: Auditorium, Municipal Hospital
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HOSPITAL CLINIC: The Springfield Hospital, 5:00 P.M.

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PROGRAM FOR 1966 - 1967

1966

September 13

Alexander Brunschwig, M.D.
Chief of Gynecological Service
Memorial Hospital for Cancer
New York City

Topic
"Present Status of
Pelvic Exenteration"

Hospital Clinic
Wesson Memorial

October 11

Lestin L. Havens, M.D.
Department of Psychiatry
Harvard Medical School
Boston, Mass.

"The Anatomy of
The Psychopath"

November 8

Albert N. Brest
Associate Professor of Medicine
Hahnemann Medical College and
Hospital
Philadelphia, Pa.

"Selection of Patients Springfield Hospital
and Drugs for Treatment
of Hypertension"

December 13

John H. Byrne, M.D.
Director of Third Surgical Service
and Research Laboratory
Boston City Hospital
Boston, Mass.

"Shock"

Providence Hospital

1967

January 10

Edward Kass, M.D.
Director of Channing Laboratory
Boston City Hospital
Boston, Mass.

"Pathogenesis of Chronic Wesson Hospital
Bacterial Infections"

February 14

Roy W. Gifford, Jr., M.D.
Division of Medicine
Cleveland Clinic
Cleveland, Ohio

"The Natural History Springfield Hospital
of The Aortic Aneurysms
and Peripheral Arterioscler-
osis Obliterans"

March 14

Joseph M. Foley, M.D.
Department of Medicine
Lakeside Hospital
Cleveland, Ohio

"The Mental Providence Hospital
Changes of Old Age"

April 11

Mark L. Altschule, M.D.
McLean Hospital
Waverly, Mass.

"Indoles in Clinical
Medicine"

Wesson Memorial

May 9

ANNUAL MEETING & ELECTION OF OFFICERS

Mr. Lewis Miller, Editor, "Patient Care", Darien, Conn.

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IN MEMORIAM

GEORGE L. SCHADT, M.D.

Dr. George L. Schadt of Worcester Rd., Princeton, Mass., and formerly of Springfield, died on July 8, 1966, in Holden, Mass.

Born in Springfield, Mass., on Sept. 6, 1883, and educated in local schools, Dr. Schadt went on to the University of Pennsylvania, graduating from its medical school in 1908. After completing his internship at the Germantown Hospital in Philadelphia, he returned to Springfield in 1911 to practice medicine and laboratory sciences until his retirement in 1959.

Dr. Schadt was affiliated for many years with the Wesson Memorial Hospital and The Springfield Hospital, where, as pathologist, he was instrumental in organizing and developing the clinical laboratory in 1914-15. He was a member of the A.M.A., the College of American Pathologists, and the American Society of Clinical Pathologists as well as a diplomate of the American Board of Pathology. Moreover, he belonged to the Mass. Medical Society, of which he was president in 1942 and the Hampden District Medical Society, of which he was president in 1931. Dr. Schadt served the Commonwealth as a member of the Public Health Council and as executive secretary of the Board of Registration in Medicine. During World War I, he served in the Medical Corps., A.U.S. as a captain and as a major during World War II.

To his family, his many friends and associates, deepest sympathy is hereby extended.

BENJAMIN BRONSON, M.D.

Dr. Benjamin Bronson of 18 McKinley Terrace, Westfield, died at the Noble Hospital, Westfield, on July 28, 1966.

Born in New Haven, Conn. on May 20, 1896, Dr. Bronson graduated from the University of Mass. in 1922 and received his doctorate in medicine from the Middlesex University School of Medicine, Waltham, Mass., in 1925. After interning at St. Peter's Hospital, Brooklyn, N.Y., and serving a residency at the New York Ophthalmic Hospital, N.Y., he came to Westfield around 1929 to enter the private practice of his E.E.N.T. specialty. His practice in Westfield flourished until his death but was punctuated by frequent, prolonged sabbaticals abroad for further education and philanthropic service.

Dr. Bronson served on the medical staff of the Noble Hospital for many years and was president thereof at one time. He was a member of the A.M.A., the Mass. Medical Society, and the Hampden District Medical Society. During World War I, he served in the armed forces of this country.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

IN MEMORIAM

ALLEN M. HILL, M.D.

Dr. Allen M. Hill of Main St., Chester, Mass., died at his home on May 19, 1966.

Born on Feb. 14, 1909, in Buffalo, N.Y., Dr. Hill graduated from Amherst College and then went on to receive his M.D. degree from the University of Rochester School of Medicine in 1934. After interning at the Strong Memorial Hospital, Rochester, N.Y., and serving residencies at the Baltimore City Hospital, Maryland, and the Children's Hospital Boston, he was appointed in 1939 to the faculty of the Harvard Medical School, Dept. of Pediatrics, and served thereon for many years. At the same time, he joined the staff of the Mass. Dept. of Public Health remaining thereon until his entrance into military service in 1942. Shortly after completing his tour of duty in the U.S. Navy Medical Corp. during World War II, he entered into the private practice of pediatrics in Beverly, Mass. and remained there until he moved to Chester, Mass. about six months prior to his demise.

Dr. Hill served on the medical staff of the Beverly Hospital and was Chief of Pediatrics thereof for many years. He was a diplomate of the American Board of Pediatrics and a fellow of the American Academy of Pediatrics. Moreover, he was a member of the A.M.A., the Mass. Medical Society, and the Hampden District Medical Society after having transferred from the Essex South Medical Society on Jan. 10, 1966.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

THE SPRINGFIELD HOSPITAL EDUCATIONAL PROGRAM

A "Symposium on Cancer of the Cervix" will be held on Tuesday, Sept. 20, 1966, in the Auditorium of the Springfield Hospital beginning at 11:00 A.M. and lasting through to 1:00 P.M. The guest lecturer will be Dr. Gilbert H. Fletcher, Head of the Dept. of Radiotherapy, University of Texas and the M.D. Anderson Hospital and Tumor Institute, Houston, Texas. His subject will be "Radiotherapy in Carcinoma of the Cervix."

A Postgraduate Evening in Anesthesia will be held on Friday, Sept.

30, 1966, in the Auditorium beginning at 7:30 P.M. and lasting through to 9:00 P.M. The guest lecturer will be Dr. Hendrick H. Bendixen, Chairman, Dept. of Anesthesia at the Mass. General Hospital, Boston, and Assistant Clinical Professor of Anesthesia, Harvard Medical School. His subject will be "The Use and Misuse of Vasoactive Drugs."

The programs are open to physicians, residents, interns, nurses, and other interested personnel.

INDOCTRINATION MEETING IS HELD



INDUCTEES AND INDOCTRINATORS

Left to Right:

Front row: Ralph T. Miller, Allen S. Johnson, * Kathryn Cozine, Vivian M. Purdy, Henry Burkhardt, Donald R. Hayes.

Second row: * Victor Grover, * Stephen Daly, * D. D. Dasco, * Jules White, * Maurice Boivin, * Victor Panitch.

Third row: John F. Griffin, Max Millman, * Robert Mendell, * Sheldon Goldberg, * Martin J. Poppo, * William J. Dean.

Top row: Joseph M. Baker, Leon Kruger, Samuel Potsubay

* Inductees

The sixth Annual Indoctrination Dinner meeting of the H.D.M.S. was held on May 31, 1966 at the Federal Hill Country Club, Agawam. Chairman of the evening was Dr. Samuel Potsubay, Supervising Censor and Chairman of the Membership Board.

Following a social hour and a fine roast beef dinner, the new members in attendance were called upon to introduce themselves individually.

The program was:

Dr. Donald R. Hayes, President,
H.D.M.S., Delegate to the A.M.A.

Dr. Henry Burkhardt, Immediate
Past President of the H.D.M.S.

Dr. Richard Maher, President of
the Springfield Academy of Medicine

Dr. John Griffin, Secretary —
“Grievance Committee”

Dr. Leon M. Kruger — “Medico-
Legal Affairs”

Dr. Ralph T. Miller — “Profession-
al Relationships”

Dr. Max Millman — “Medical Citi-
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Dr. Joseph Baker — President-Elect
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SEMINARS IN PSYCHIATRY

The Committee on Psychiatric Education of the Western Mass. Psychiatric Society has arranged a series of 6 seminars on "Psychiatry for Non-Psychiatric Physicians". Topics chosen for the seminars were selected on the basis of a questionnaire submitted to physicians who attended a course in Psychiatry given at the VA Hospital, Northampton, Mass. in 1965.

- Seminar 1 - Emotional Problems of Children & Adolescents
Sept. 28, 1966
- Seminar 2 - Office Management of Patients with Mental Disorder - Oct. 12, 1966
- Seminar 3 - Anxiety Hysteria
Oct. 26, 1966
- Seminar 4 - Malingering
Nov. 16, 1966
- Seminar 5 - Obesity - Psychological Factors Involved
Nov. 30, 1966
- Seminar 6 - Alcoholism — Profile of a Problem Drinker
Dec. 7, 1966

Seminars will begin at 7 p.m. with a film illustrating the subject for the evening and lasting about 1/2 hour. Participants will then be divided into

four groups with a psychiatrist as a discussion leader for each group. Each physician will be given an opportunity to participate actively, give an account of his own experience or raise special problems for open discussion.

After group discussions are completed, refreshments will be served and participants will reassemble for a question and answer period with the four psychiatrists serving as a Panel and summarizing the important and significant points of the workshop. It is expected that the workshop will end about 9:30 p.m.

There is a nominal fee of three (\$3.00) dollars for each seminar or fifteen (\$15.00) dollars for all six. Payment can be made in advance or at time of registration. Checks are to be made payable to: Western Mass. Psychiatric Society, V.A. Hospital, Northampton, Mass., Zip Code #01-060.

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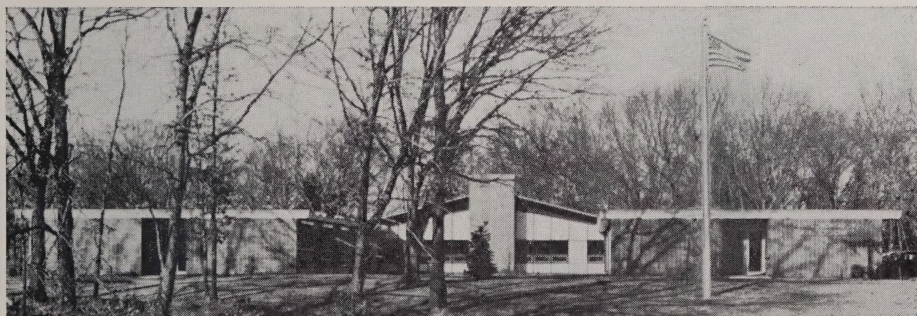
When it comes to supervising your financial affairs, be sure that you pick a financial specialist. Select a bank staffed by qualified personnel who are experienced in working with attorneys, accountants and other advisors in establishing a trust or agency account. Assure the financial security of your family at the bank where you can be certain all your financial matters will be handled with the highest professional integrity — at *Safe Deposit*.

... where thoughtful persons bank on sound judgment

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The relatively few income dollars remaining after expenses and taxes have been paid represent your present worth . . . and the foundation for your future estate. You owe it to yourself to make sure that this all-important margin of security is strong and healthy. ☐ Profitable investment management requires more time and energy than you can

take from the little personal time you have left over from your work. It is a full-time job in itself. Shouldn't these critical dollars be under the constant care of experienced professionals? ☐ Call Springfield 785-5841 and ask for the Trust Department to arrange for a personal discussion of how we can help you with your financial affairs.

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